



Office of Congresswoman Jackie Walorski

Second District of Indiana

PRIVACY RELEASE FORM – IRS Cases Only

Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski's assistance with a federal agency, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any documents relevant to the matter described.

Note: This form must be signed by the IRS account holder(s) (or a lawful representative, if an estate, trust, or business).

IRS Account Holder(s): _____

IRS Identifying Number(s) (SSN / ITIN / EIN): _____

Street: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email: _____

► Please list any IRS Form Numbers pertaining to this case (ex: Form 1040-X): _____

► Filing method (mail / fax / e-file): _____ ► Date(s) sent: _____

► Tax Year(s) in question: _____ ► Expected refund(s) (if any): \$ _____

► Briefly summarize the problem you are having with the IRS: _____

► Specify the resolution you are seeking: _____

I understand that the Privacy Act prohibits federal agencies from releasing my information to a third-party without my written consent. I hereby authorize Congresswoman Jackie Walorski and her staff, on my behalf: 1) to make inquiries with the agencies involved, 2) to receive my records from said agencies, and 3) to discuss my records with said agencies and any third-party listed on the back of this form, as needed. I certify under penalty of perjury that I have provided or authorized all information in and all documents submitted with this Privacy Act release, and that the information I have provided is complete, true, and accurate to the best of my knowledge and belief. The assistance I am requesting is in no way an attempt to evade or violate federal, state, or local law. I have reviewed and understand all of the information contained in this Privacy Act release.

► SIGNATURE (in ink): _____ Date: _____

→ Over, please

► Please list any other congressional offices you have contacted about this case: _____

► Would you like to receive Congresswoman Walorski's newsletter and other important information via email? *Yes* | *No*

Optional Third-Party Disclosure Authorization

If you would rather that our office communicate primarily with a third-party individual on your behalf, please provide his or her information below. Please limit this authorization to a spouse, a legal guardian, an attorney, an accountant, or someone who holds power of attorney over your affairs.

Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

*****Return this form to our Mishawaka district office*****

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Mishawaka, IN 46545

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Fax: (574) 217-8735

www.walorski.house.gov